

**ORANGE COUNTY.**

On account of the influenza epidemic the Orange County Medical Association held no meeting during the month of November.

The regular December meeting was held in the Santa Ana Library, with fair attendance.

The program for the evening consisted of a symposium on influenza, under the following headings: History, Dr. J. L. Maroon, Santa Ana; diagnosis, Dr. H. A. Johnston, Anaheim; bacteriology, Dr. J. A. Jackson, Anaheim; nose and throat complications, Dr. Tralle, Santa Ana, and the nervous complications, by Dr. R. A. Cushman, Santa Ana. Others were on the program but were unable to be present.

The discussion lasted until late in the evening and was most interesting. Several of the members present told of their varied experiences during the epidemic. The papers by Dr. Maroon and Dr. Jackson were especially well received.

Several points were brought out in the discussion and were assented to by the majority of the members present, some of these being:

(A)—that it is highly probable that we will have the disease, in epidemic form, with us for months to come.

(B)—that the use of vaccines has a value only in the prophylaxis and that serums and sero-bacterines may be of slight value in the treatment.

(C)—that the use of anti-pyretics should be discouraged.

(D)—that it is probable that the epidemic will take its toll from the population independent of the quarantine.

(E)—that the chief value of quarantine may be ultimately that the rapidity of the spread of the epidemic may be slowed down and the virulence modified, with better opportunity for nursing and care.

(F)—that there can be no successful quarantine until the bacteriology of the disease is on a settled basis.

(G)—that the reason why the health boards and civic organizations have been formulating such varied and different rules and regulations in the endeavor to control the epidemic is because of our lack of definite knowledge of the bacteriology of the disease.

Word has been received, from France, that Major Winters, of Santa Ana, has received a shell wound in the ankle.

Captain W. H. Wickett, of Anaheim, who is in France cables that he expects to be home shortly.

Dr. C. D. Ball of Santa Ana, while stepping from his auto to pick up a pair of gloves was struck by a passing auto and besides receiving many bruises suffered a dislocation at the right hip joint. He is recovering slowly.

Miss Frieda Janss, daughter of Dr. J. Janss of Anaheim, is slowing recovering from a severe attack of influenza-pneumonia.

**Notices****NO MORE PHYSICIANS TO BE COMMISSIONED IN THE MEDICAL CORPS.**

At ten o'clock on the morning of Nov. 11th, the War Department discontinued the commissioning of physicians in the Medical Corps.

This condition, in all probability, is permanent and no further consideration will be given applicants for a commission in the Medical Corps until further notice.

**Department of Industrial Medicine**

It is the intention to make this department of particular interest and value. In it will be discussed practical problems of social medicine, industrial accident practice, insurance fees, and State medicine. It is requested that doctors, especially in smaller towns and the country, write us in detail as to their experiences with insurance companies, their ideas of proper fees, and suggestions for discussion and improvement in this field. These letters will not be published if so requested.

**RESULTS OF GROWTH OF INDUSTRIAL MEDICINE.**

Big business appreciates already, to a surprising degree, the economic benefits to be derived from expansion of industrial medicine and surgery. A like appreciation is rapidly permeating the entire world of business and industry. It pays to take care of the worker. Preventive medicine pays in industry. These are established facts. It is just as important and profitable to maintain the human machine at full efficiency, as it is to maintain any other machine at full efficiency.

The tendency is already manifest which takes medical practice among workers away from the private practitioner and centralizes it in institutions. Says B. B. Lyons, superintendent of the Delaware Hospital in Wilmington, Del.: "How is the physician and surgeon to be compensated (for this loss of 'business')? To what extent will existing hospital facilities be used in this work? How will the present hospitals be affected by the inevitable increase of company hospitals organized by industrial concerns to care for their own injured? In order to answer these questions wisely, the hospital executive must study the problems of industrial welfare, and keep pace with the great spirit of the times which is transforming self-interest into service. Every hospital has a service to sell to the industrial concerns in its neighborhood. Ability to make this service attractive and market it to good advantage will largely govern the success of many hospitals in the future, especially those located in or near industrial sections. The hospital superintendent who possesses vision, courage and the practical common sense to transmute his vision into fact will be able to seize this opportunity for service and with it benefit all in his community."

Lyons points out further that industrial medicine and surgery often prove the key to knotty problems between capital and labor. Among the fruits of industrial medicine are increased production, decreased cost, increased health, happiness and contentment of workers, and often actual increase of wages. As by-products may be mentioned increased loyalty of workers, heightened industrial morale, and decreased labor turnover.

It is worth the while of hospital executives, even in small rural hospitals, to consider these things and ponder them well. The hospital, both urban and rural, is the coming center of organized medicine. Many new and unsuspected possibilities are awaiting discovery. If the hospital on a private basis is to survive and fill its full social function, it must be alive to the trend of industrial and organized medicine. This is a field as yet barely entered. Let the hospital aggressively seek out new avenues of service in industry and business.

**WORKMEN'S COMPENSATION LAWS.\***

Compensation legislation in the United States has developed in the last few years. The first

1 Modern Hospital, XI, 4, 299.

\* See Bulletin U. S. Bureau of Labor Statistics, 240, May, 1918.

permanent laws were enacted in 1911 by Washington, Kansas and Wisconsin. Since then a total of 37 states and 3 territories have followed suit, in addition to the federal compensation acts of 1908 and 1916. Workmen's compensation for loss of working time has thus become a well established principle and is an economic fact with which every physician, directly or indirectly, is concerned. The compensation states comprehend about 77 per cent. of the persons gainfully employed in the United States, including practically all of the so-called industrial states.

Compensation laws are of three types, according to the degree to which employers are forced to accept their provisions. Under a compulsory law, employers are forced to accept the act and pay the compensations specified. Usually in this type, the act is equally compulsory for the employee, as in Arizona, for example, he may have the option of suing for damages. Under an elective compensation act, the employer may accept or reject the act, but is usually penalized for rejection by abrogation of the usual common-law defenses. The employee has a similar right of rejection. No compensation law covers all occupations. Exemptions are usually represented by agriculture, domestic service, casual employment, and sometimes by non-hazardous employments. In some states, such exempted employments may come under the compensation act by voluntary election by the employer or joint election by employer and employees. Under these conditions, the employer is not penalized for not electing the act. To this extent such a compensation act is termed a voluntary act.

Further, an act may be elective as to private but compulsory as to public employments. Also, compensation acts are described as compulsory or optional, according to whether or not they require some form of insurance. Of the 40 compensation laws, 12 are compulsory and 28 elective as to compensation provisions, while 35 are compulsory and 5 elective as to insurance provisions. Great variation in methods appears in the 35 states which require insurance. The state itself may act as insurance carrier, requiring all employers under the act to avail themselves of it. Again, the state may entirely abstain from acting as a carrier, and require insurance in private, mutual or stock companies, or may permit supervised self-insurance. Thus four types of insurance are found. These are (1) state monopoly, (2) a competitive state fund, (3) private insurance, either stock or mutual, and (4) self-insurance, where employers carry their own risk. In this last case, proof of solvency, bonds or other security is required as proof of ability to pay compensation.

Certain points should be noted in a compensation law. These are its scope, i. e., what employments are included; the amount of compensation provided, including compensation scale, length of time benefits are paid, maximum and minimum limits, amount of medical service and length of waiting period; provisions for administration, in order that justice and economy may prevail; and, finally, nature of injuries covered and security of payments.

As has been said, no compensation law covers all employees. The chief exemptions, in order of importance, are (1) non-hazardous occupations, (2) agriculture, (3) domestic service, (4) numerical exemption, exempting employers of less than a specified number of employees, (5) public employees, (6) casual employees, and (7) employments not conducted for gain. Fourteen of the 40 states include only hazardous employments. All but Hawaii and New Jersey exempt agriculture. This widespread exemption is apparently due to opposition from farmers as a class, as agriculture can properly be classed as a highly hazardous employ-

ment. Domestic service is exempted in all states except New Jersey.

All compensation laws are limited in scope not only by character of employments covered and persons compensated, but also by nature of injuries covered. Usually the injury must have occurred during the employment and as a natural consequence of it. Usually injuries are not compensated when due to employee's intoxication, gross carelessness or wilful misconduct.

By waiting period is meant the interval elapsing between receipt of injury and beginning of compensation. In Oregon and Porto Rico, compensation begins with receipt of injury. All other states require that disability from injury must extend over a varying waiting period (in 18 the period is two weeks) before compensation begins. A general tendency is evident to reduce the waiting period.

The modern principle of workmen's compensation excludes any question as to employer's negligence and liability. It is based on the economic necessity of the worker. Its risks are assumed by the consuming public, acting through the employer, which furnishes necessary relief and benefits to injured workers. There is sharp difference of opinion as to the extent to which the employee should be compensated for losses resulting from industrial injury. One extreme would put on industry the entire cost of rehabilitation of the injured, including full wages and medical service during disability, and life pension in case of permanent disability. Again it is held that only a fraction of the employee's loss should be compensatable. In most cases, compensation is based on the loss of earning power of the injured workman, while several states base their compensation scale on the workman's need rather than his wage loss.

There is extreme variety in compensation provisions, all seeking, without complete success thus far for a law which will strike a just balance between the financial ability of the industry, the need and loss of the injured worker, and the danger of encouraging malingering.

The California law provides for the payment of 65 per cent. of the weekly wage to the disabled employee, with a minimum of \$4.17 and a maximum of \$20.83. The maximum period of compensation in case of death is 240 weeks; in case of permanent total disability is for life; in case of temporary disability is 240 weeks.

The real object of compensation is the rehabilitation of the injured workman. It is therefore surprising that only four states (of which California is one) require the employer to furnish unlimited medical service. The old idea of compensation as indemnity for employers' negligence is still too common in legislatures. The entire subject of industrial rehabilitation is new and is receiving enormous impetus from the war and the emphasis now being placed on rehabilitation of military casualties. Yet industrial rehabilitation is an enormously greater problem in the United States and a problem which will long outlast the social and industrial consequences of the war.

Neither the medical profession nor civil hospitals are adequately organized to handle this huge problem. Such organization is inevitable and both physicians and hospitals must meet the issue in the near future, whether they wish or not. It therefore behooves physicians to understand the elements of the problem of industrial rehabilitation and to familiarize themselves with present legislative tendencies, economic restrictions and social needs.

A study of the present 40 state compensation laws shows that the scope of these acts and their partial disability schedules have undergone little change since their original enactment. On the other hand, there is constant change and wide vari-

ation in the waiting period and the requirements as to medical service. There is evidence throughout of extreme unwillingness to profit by experience in other states. The result is much misdirected and duplicated effort. One purpose of the Department of Industrial Medicine in the Journal is to help remedy this outstanding defect so far as the physicians of California are concerned. Elective features of these compensation laws have not proved satisfactory as too many employers refuse to come under the act, thus depriving their employees of compensation benefits.

Greatest change has been apparent in the extent of medical services provided. There is a strong tendency to furnish more extensive medical services and to remove a maximum limit, requiring employers to provide medical services as long as reasonably necessary. Closer supervision by the state of the quality of medical service rendered is another outstanding trend. The right of employees to choose their physician, when the employer is playing the fees, is also being established.

### SHIPPING BOARD HEALTH RULES.

Lieutenant-Colonel P. S. Doane is director of health and sanitation for the U. S. Shipping Board Emergency Fleet Corporation. He has issued a booklet of sanitary and health welfare standards which is a model of its kind. In the introduction, he says:

"A healthy and energetic force of workmen is as essential to the speedy construction of the ships as a well-laid-out yard, prompt delivery of materials, labor-saving machinery or efficient methods of work.

"The building and operation of ships by the U. S. Shipping Board Emergency Fleet Corporation is the greatest industrial task ever undertaken, and, being a governmental activity, the hygienic and sanitary standards under which this work is carried on should be worthy of adoption by private industry.

"The health of the workers also has a very direct influence upon the cost of building ships, for a dollar's worth of work should be obtained for every dollar paid in wages. This is not possible with employees in ill health or with lowered vitality.

"To obtain such conditions it is necessary that the principles of industrial sanitation as established by actual practice shall be as clearly understood and strictly conformed to. This requires the expenditure of funds, but experience has clearly demonstrated that the investment pays dividends.

"The enormous increase in the shipbuilding industry to meet war needs has caused a constant influx of workmen into the shipyards who are unused to the rigor and exposure of shipbuilding. This condition demands unusual care to safeguard their vitality."

### WHAT EVERY DISABLED SOLDIER AND SAILOR SHOULD KNOW.

That the Government is resolved to do its best to restore him to health, strength, and self-supporting activity.

That until his discharge from hospital care the medical and surgical treatment necessary to restore him to health and strength is under the jurisdiction of the military or naval authorities.

That the vocational training which may be afterwards necessary to restore his self-supporting activity is under the jurisdiction of the Federal Board for Vocational Education.

That if he needs an artificial limb or other orthopedic or mechanical appliance the Government supplies it free upon his discharge, and afterwards

keeps it in repair and renews it, when considered necessary.

That if, after his discharge, he again needs medical treatment on account of his disability the Government supplies it free.

That any man whose disability entitles him to compensation under the war-risk insurance act may be provided by the Federal Board with a course of vocational training for a new occupation.

That the Government strongly recommends each man who needs it to undertake vocational training, and put himself under the care of the Federal Board, but the decision to do so is optional with each man.

That if his disability does not prevent him from returning to employment without training and he elects to follow a course of vocational training provided by the Federal Board, the course will be furnished free of cost to him, and the compensation provided by the war-risk insurance act will be paid to him, but no allowance will be paid to his family.

That if his disability does prevent him from returning to employment without training and he elects to follow a course of vocational training provided by the Federal Board, the course will be furnished free of cost and he will also be paid as long as the training lasts a monthly compensation equal to the sum to which he is entitled under the war insurance act or a sum equal to the pay of his last month of active service, whichever is the greater, but in no case will a single man or a man living apart from his dependents receive less than \$65 per month, exclusive of the sum paid dependents, and a man living with his dependents receive less than \$75 per month, inclusive of sum paid to dependents.

That in addition to the above the family or dependents of such disabled man will receive from the Government during his period of training a monthly allotment and allowance payment in the same amount as that paid prior to his discharge from the Army or the Navy.

That upon completion of his course of training he will continue to receive the compensation prescribed by the war-risk insurance act so long as his disability continues.

That in nearly every case, by following the advice and suggestions of the Federal Board, he can either get rid of the handicap caused by his disability or acquire new powers to replace any that may have been lost.

That if he is willing to learn and to take advantage of the opportunities to increase his skill offered him by the Federal Board he can usually get a better position than he had before entering the service.

That if he fails to take advantage of these opportunities he will find himself badly handicapped when he is obliged to compete with the able-bodied men who come back to work after the war.

That the Federal Board, through its vocational experts, will study his particular disability and advise him as to the proper course to pursue and give him free training for the occupation best suited to him.

That on the satisfactory completion of his training the Federal Board, through its employment service, will assist him to secure a position.<sup>1</sup>

That public authorities and other large employers will in many cases, at least, give the disabled soldiers and sailors preference when filling vacant positions, provided they possess the training necessary to fill them.

### CONCERNING LARD.

We have been told that American cooking is too greasy, and possibly before the war there was some truth in the assertion; but at the present writing, with the high cost of lard and lard substitute, we

<sup>1</sup> Vocational Summary, October, 1918.

are inclined to believe that the American chef is not so extravagant with grease.

Lard of itself is a fat food, the composition of which produces a higher number of heat units than any other food substance, and with the enactment of various food laws it was found to be adulterated principally with beef fat and cotton seed oil. This formula under existing laws is known as compound, and has a very ready sale, as against pure lard, on account of its cost, which is considerably less, and from a hygienic and dietetic point of view there are many who prefer this mixture.

Lards are classified commercially as Neutral Lard, Leaf Lard, Kettle Rendered Lard, Standard Lard and Butchershop Lard.

Neutral lard is manufactured from leaf lard and is chiefly used in the manufacture of butter substitutes, such as oleomargarine.

Leaf Lard is made from the residue after extracting neutral lard, and is a higher grade product.

Kettle rendered lard is made mostly from trimmings.

Standard lard is made from the fat of the whole animal, including the mesenteric fat.

Ordinary butcher-shop lard is open kettle rendered, and is made from fats obtained from trimmings and scraps, but has the disadvantage of being darker color, due to rendering over an open fire.

Cracklings, a by-product of this lard, is used for chicken feed and soap grease. An interesting feature in connection with the manufacture of lard is the melting point.

Fat from the intestines has the highest melting point, namely, 111°, whereas, the fat from the foot has the lowest melting point, namely, 95°. For the determination of organic impurities in lard the color reaction has given very good satisfaction, and is very simple to apply.—C. L. Megowan, V. S., Sacramento Dept. of Health.

There was a time, not so long ago, when a man who applied for work at a factory had to be physically sound in every way. A cripple was a cripple, and there were few avenues of employment open to him. The changing industrial conditions are making places for men who formerly were considered unfit. The fit are supposed to fight in this day and age.

A few days ago an advertisement made an appeal for "slightly crippled men for light factory work." Probably never before in the history of Indianapolis has there been such a demand for labor that factory owners have to resort to advertising for cripples to fill the jobs. This is merely indicative of the many useful things that the slightly crippled may do. Crippled men and women have held office positions for years and their infirmities rarely interfere with their efficiency. Probably the same thing will be true of factory employment. The normal man does not realize the value of a full complement of arms, legs, and fingers. If one hand is maimed, the other hand is forced to be twice as useful as formerly. There are men and women with two artificial arms who do intricate work, and do it satisfactorily.

Paving the way for the use of cripples in light factory work may mean looking forward to the time when men injured in the great war are sufficiently recovered to go back into the industries. Much is being done now in the way of reconstruction for these men. They are taught work that they can do, regardless of what has happened to them. The chief idea is to provide every maimed man with an education so he can earn his living. After the war there should be as little charity as possible. Returning soldiers will not want alms, but they will want a place to work and a fair chance at the job.—Indianapolis News.

## Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapeutists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

### PROPER USE OF DRUG NAMES.

The Journal of the A. M. A. expresses indignation because a bottle containing Liquor Cresolis Compositus was labeled "Lysol" at a certain institution where Army medical men were receiving instruction. It may be that it had been found necessary to label this "Lysol" because some of the medical men did not recognize it under its official title. This preparation was first introduced to the medical profession under the name Lysol and seems to have supplied a want or it would not have been adopted into the U. S. P. It was generally used and prescribed as Lysol before it became official and as it was nobody's particular business to notify the medical profession of its official title many physicians remained ignorant of this and others proceeded to forget it almost as soon as they heard it. While on the other hand, it was the business of the detail man to keep the name Lysol alive and to get the medical profession and the public to use that particular brand known as "Lysol." The physician merely followed the path of least resistance.

We have many illustrations of this same difficulty in overcoming inertia in the use of patented and copyrighted names. The substance commonly known as Veronal was patented in this country and imported from Germany under the name "Veronal." About a year ago the Federal Trade Commission authorized several firms to make this under the name "Barbital" as there seemed to be legal difficulties in the way of authorizing the name "Veronal." The medical profession was notified through the medical journals and asked for patriotic reasons to prescribe Barbital and not Veronal. Nevertheless, a survey of 200 prescriptions containing this article show exactly four in which the word Barbital was used.

Aspirin shows the value of a name. Acetyl Salicylic Acid was patented in this country and the patentees copyrighted the name "Aspirin" using this on their patented article. Most chemists believe that this patent should not have been granted but the courts sustained it and as it was nobody's business to have the case reopened, the patent stood. It is impossible to state how much good American money went to Germany as a result of this decision which probably would not have stood a second test. It seems likely that the sum was nearer \$20,000,000 than \$10,000,000. Aspirin became perhaps the most popular and widely used drug on the market prescribed by physicians and used by everybody for everything imaginable. The patent on the substance has now expired but the Company is trying to retain a monopoly of the name "Aspirin" and if it succeeds in this, will make many millions of dollars out of this name. Aspirin was not advertised to the public but only to the physician in what seems a perfectly ethical manner. The physician prescribed it for his patients and the patients recommended it to their